



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT

ADJUSTER **INSTRUCTIONS:**

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$55.25 fee to cover costs for each record check. The \$55.25 may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$55.25 or any multiple thereof (e.g. 2 cards \$110.50)They will not accept 2 checks such as one for \$15 and an additional check for \$40.25). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**
3. **You will need to submit fingerprints in order to complete the criminal background check.** To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. **The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.**
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$55.25, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

*Authority: one box **MUST** be selected*

- | | | | |
|---|---|---|---------------------------|
| <input type="checkbox"/> NH RSA 361-A:2 | <i>Sales Finance & Retail Sellers</i> | <input type="checkbox"/> NH RSA 399-A:1-A:3 | <i>Small Loan Lenders</i> |
| <input type="checkbox"/> NH RSA 397-A:1-A:5 | <i>Mortgage Bankers/Brokers</i> | <input type="checkbox"/> NH RSA 399-D:2-D:5 | <i>Debt Adjusters</i> |
| <input type="checkbox"/> NH RSA 397-B:1-B:4 | <i>Mortgage Servicers</i> | <input type="checkbox"/> NH RSA 399-G:5 | <i>Money Transmitters</i> |

**CONSUMER CREDIT DIVISION
SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

CONSUMER CREDIT DIVISION / NEW HAMPSHIRE BANKING DEPARTMENT

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **53 REGIONAL DRIVE, SUITE 200** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

ROBERT A. FLEURY _____ DATE _____

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

Must select one:

(Make checks payable to: "State of NH – Criminal Records.")

- ☐ LIVESCAN – Local NH Police site - \$44.25 ☐ LIVESCAN – NH State Police site - \$54.25 ☐ INKED - \$55.25
☐ Applicant fingerprint card must be submitted at the same time as payment and this form.